



MEDICAL INFORMATION FORM

Please take the time to fill out this form and e-mail to info@full-circle-adventures.com or fax it to:(403) 933-7444). This enables us to ensure we are aware of your health condition(s) and can adjust the program accordingly. This information is confidential, only our instructors and the program coordinator will have access to it. Thank You!

Name: _____

Address: _____

Postal code: _____ Phone no. _____

Emergency contact number: _____

Name of emergency contact person: _____

Contact number: _____

Do you have any previous injuries the facilitators should know about?
E.g. Knee surgery, lower back problems, broken wrist.

Yes _____ No _____

If yes, please explain: _____

Do you have any health problems the instructor should know about?
E.g. Ulcers, diabetes, heart problems, asthma.

Yes _____ No _____

If yes, please explain: _____

Are you currently taking any medication?

Yes _____ No _____

If yes, which medication and what is it for? _____

_____.

Do you have any allergies? Yes _____ No _____.

If yes, what are you allergic to? _____.

What are you taking for it? _____.

Are you on any sort of special diet or do you have certain food requirements?

Yes _____ No _____

If yes, please explain: _____.

Are you pregnant? YES _____ NO _____

Are you covered with Alberta Health Care or Blue Cross?

Yes _____ No _____

What is your Alberta Health Care number, in case of an emergency. It is optional to fill out this request.

A. H.C. Number _____.

Thank you for taking the time to complete this form!

Full Circle Adventures

"Re-wild yourself"

403-968-4816

info@full-circle-adventures.com